

ISSUE SLIP ST. PLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	8/15
FORMALITY REVIEW	MH	920	09-12-01
RESPONSE FORMALITY REVIEW	CL	109	3-19-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	1	1	02/20/03
2	2	2	02/20/03
3	3	3	02/20/03
4	4	4	02/20/03
5	5	5	02/20/03
6	6	6	02/20/03
7	7	7	02/20/03
8	8	8	02/20/03
9	9	9	02/20/03
10	10	10	02/20/03
11	11	11	02/20/03
12	12	12	02/20/03
13	13	13	02/20/03
14	14	14	02/20/03
15	15	15	02/20/03
16	16	16	02/20/03
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42	42	42	02/20/03
43	43	43	02/20/03
44	44	44	02/20/03
45	45	45	02/20/03
46	46	46	02/20/03

Claim	Final	Original	Date
47	47	47	02/20/03
48	48	48	02/20/03
49	49	49	02/20/03
50	50	50	02/20/03
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97	97	97	02/20/03
98	98	98	02/20/03
99	99	99	02/20/03
100	100	100	02/20/03

Claim	Final	Original	Date
101	101	101	02/20/03
102	102	102	02/20/03
103	103	103	02/20/03
104	104	104	02/20/03
105	105	105	02/20/03
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144	144	144	02/20/03
145	145	145	02/20/03
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147	147	147	02/20/03
148	148	148	02/20/03
149	149	149	02/20/03
150	150	150	02/20/03

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)